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Kuczynski (Depositor's name Melissa T. (Siz m-FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO.

939 057

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10/780,991 02/18/2004 Kazumasa Tsukamoto TITLE OF INVENTION: STUCK STATE DETECTION SEAL AND STUCK STATE DETECTION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	3	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	05/30/2006
EXAM	TINER	ART UNIT	Г	CLASS-SUBCLASS	1	
MEHMOOD), JENNIFER	2636		340-572800		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address form F10/381/22) stached. "Fee Address" indication (or Fee Address" indication form F10/SB47; Rev 0.3-02 or more recent) attached. Use of a Customer Number is required.		(1) the na or agents (2) the na registered 2 registered	ating on the patent front page, himes of up to 3 registered pater DR, alternatively, me of a single firm (having as a attorney or agent) and the nam do patent attorneys or agents. If name will be printed.	t attorneys 1 Burr member a 2	& Brown	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

X Issue Fee

Kuwana-Shi, Japan

Kazumasa Tsukamoto

Crownt Corporation

Nagova-Shi, Japan

4a. The following fee(s) are enclosed:

Please check the appropriate assignee category or categories (will not be printed on the patent): 🛛 Individual 🖾 Corporation or other private group entity 🗀 Government

A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _50-1446 _____ (enclose an extra copy of this form).

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